To: P.O. Box 3000, Sacramento, CA \$5812

White: TSDF SENDS THIS COPY TO DOHS

S 8022 A (1/87)

0712-12

A 8700—22 av. 9-86) Previous editions are obsolete

INSTRUCTIONS ON THE BACK

WITHIN 30 DAYS

WASTE MANIFEST C A D 0 4 3. Generator's Name and Mailing Address	14 14 12 19 10 12 15	O Q Q Q	1 1 °	Sec. 3	The Party State of the Party	the state of the state of	by Federal la				
N TELEDYNE STSTEMS COMPANY					87854560						
19601 NORDHOFF ST., NORTHRIDGE, CA 91324					B. State Generator's ID						
4. Generator's Phone (818) 898-2211					H A H Q 3 6 0 1 1 8 3 4						
5. Transporter 1 Company Name ENVIRONMENTAL 6	Transporter 1 Company Name ENVIRONMENTIAL 6. US EPA ID Number					C. State Transporter's ID 905744					
TRANSLOADING SERVICES CO.	C A D 0 2 0 7	A D 0 2 10 17 16 13 17 5 1					22-8131				
7. Transporter 2 Company Name 8	US EPA ID Nu	mber	E. State Transporter's ID								
9. Designated Facility Name and Site Address 10. US EPA ID Number					F. Transporter's Phone G. State Facility's ID						
					C A D 0 4 2 2 4 5 0 9						
12504 WHITTIER BLVD			H. Fac	lity's Pho	one		100				
WHITTIER, CA 90602	C A D 0 4 2 2			-688-	0991		1000				
11. US DOT Description (Including Proper Shipping Name, Hazard	d Class, and ID Number)	12. Con	mer II	13. T	otal entity	14. Unit	Waste N				
a.		No.	Туре	_	K K	Wt/Vo	State				
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		99	8 dm	0 0 4	13 10	6	EPACOther				
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TETRACHLORIDIFLOURETHANE (SPEE	VI)	١.	c.	M A	FPus	7	∞ D				
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State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) State of Californie See Instructions on Back of Page 6 **Toxic Substances Control Division** and Front of Page 7 Sacramesto, California Please print or type. (Form designed for use on elits (12-pitch typewriter) UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 CAD 008 288, 387 WASTE MANIFEST is not required by Federal law. 3. Generator's Name and Mailing Address A State Ma TELEDYNE AERO CAL 528 E. MISSION RD .., SAN MARCOS, CA 4. Generator's Phone (619)-744-1131 1-800-424-8802: WITHIN CAST-0580 CALL 1-800-882-7580 5. Transporter 1 Company Name US EPA ID Number OMEGA RECOVERY SERVICES CAD 042 245 001 7. Transporter 2 Company Name ate Tre ra D ä. 9. Designated Facility Name and Site Address
OMEGA RECOVERY SERVICES
12504 E, WHITTIE BLVD 10. US EPA ID Number CAD042245091 WHITTIER, CA 90602 CAD 042 245 001 698-0991 12. Contain 13. Total 14. Unit Waste M 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Quantity Type WASTE PETROLEUM OIL, N.O.S COMBUSTIBLE 223 LIQUID, NA 1270 (WASTE OIL) STO OF WASTE FLAMMABLE SOLID UN 1993 ****223** (ABSORBANT OIL) PYCOL DMAIRION THE NATIONAL RESPONSE CENTER J. Additional Descriptions for Materials Listed Above 4 16. Special Handling Instructions and Additional Information PROFILE NUMBER A 15622 CALL 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects is proper condition for transport by highway according to applicable international and national government regulations. EMERGENCY OR SPILL, If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have make a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

The section	Steve Raidocak	Signature	Rouse	Month Day Year 10731190
	17. Transporter 1 Acknowledgement of Receipt of Materials			
	Printed/Typed Name JAVIER HERNANDE 18. Transporter 2 Acknowledgement of Receipt of Materials	Signature	air House	dy 10731190
	Printed/Typed Name	Signature	Θ	Month Day Year
Service Services	19. Discrepancy Indication Space			

20.	Facility Owner or	Operator Certificati	on of receipt of h	azardo	a materials	covered by t	his manifest	except as note	d in Item 19.
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Printed/Typed Name Solomon 0171311914

8 8022 A (1/88) 18700—22 v. 9-88) Previous editions are obsolete. Do Not Write Below This Line

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To: P.O. Box 3000, Sacramento, CA 95812